



James F. Williamson, O.D., F.A.A.O
Doris Wong, O.D., F.A.A.O.
2090 E. Flamingo Road, Suite 100
Las Vegas, Nevada 89119
Phone: 702-734-9600
Fax: 702-733-0434
23 Sep 2013

**NOTICE OF PRIVACY PRACTICES
SPECIFIC PURPOSE AUTHORIZATION**

The undersigned acknowledges receipt of Nevada Eye Care Optometry Notice of Privacy Practices dated 23 Sep 2013 and authorizes the use and disclosure of the follow Personal

Health Information: _____

To be released to: _____

by Nevada Eye Care Optometry. This Authorization is valid indefinitely (UNLESS AN EXPIRATION DATE IS FILLED IN HERE) _____.

The undersigned has a right to revoke this authorization by writing to the Privacy Officer at Nevada Eye Care Optometry. Information used or disclosed prior to a revocation of this authorization is not subject to the revocation. Such a revocation will be honored by Nevada Eye Care Optometry, unless precluded by law or court order, only after a written request has been received by the Privacy Officer at Nevada Eye Care Optometry.

The undersigned may inspect or copy any Personal Health Information covered by this Authorization. The undersigned understands that the information used or disclosed under this authorization may be subject to re-disclosure by the recipient and thereby no longer protected by the privacy provisions of the HIPAA Act of 1996.

Signature of Patient

Date (month/day/year)

Signature of Authorized Representative

Authority to Act for Patient